

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: LACLEDE WATER DISTRICT

ADDRESS: PO BOX 222
LACLEDE, ID 83841

FACILITY: LACLEDE WATER DISTRICT

LOCATION: 486 RILEY CREEK PARK DRIVE
LACLEDE, ID 83841

ATTN: KATHLEEN DOYLE, CHAIRPERSON

ID0027944	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83841

MINOR

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	.3	1.4			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.28	.28		*****	2	2			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16750	16750		*****	*****	*****	*****		Daily	ESTIMA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.014	.014		*****	.1	.1			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.017 MO AVG	.017 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LACLEDE, ID 83841

ATTN: KATHLEEN DOYLE, CHAIRPERSON

ID0027944	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83841

MINOR

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.6			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.14	.14		*****	1	1			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17290	17290		*****	*****	*****	*****		Daily	ESTIMA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.017 MO AVG	.017 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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LACLEDE, ID 83841
FACILITY: LACLEDE WATER DISTRICT
LOCATION: 486 RILEY CREEK PARK DRIVE
LACLEDE, ID 83841

ATTN: KATHLEEN DOYLE, CHAIRPERSON

ID0027944	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83841MINOR
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.448			Annual	GRAB
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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					MM/DD/YYYY

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THE ANNUAL SAMPLE MAY BE COLLECTED ANYTIME DURING THE YEAR, BUT MUST BE REPORTED ON THE DECEMBER DMR.

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83841

MINOR

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.017 MO AVG	.017 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83841

MINOR

(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	7.5 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.017 MO AVG	.017 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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